

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213516694			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: CHRISTIAN SERVICE CHARITIES, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: THOMAS L YOUNGBLOOD 7620 LITTLE RIVER TNPk STE 600 ANNANDALE, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: CA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 4/30/2013</p> <p>SCC ID NO: F1290750</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 44330 PREMIER PLAZA STE 220</p> <p style="text-align: center;">CITY/ST/ZIP: ASHBURN, VA 20147</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: GREG DABEL TITLE: PRESIDENT ADDRESS: 11150 GREEN VALLEY ROAD CITY/ST/ZIP/CO: SEBASTOPOL, CA 95472 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: GREG DABEL TITLE: PRESIDENT ADDRESS: 11150 GREEN VALLEY ROAD CITY/ST/ZIP/CO: SEBASTOPOL, CA 95472	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Deborah Bensen DIRECTOR 977 Centerville Turnpike CSB 322 Virginia Beach, VA 23463	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Royce Bervig DIRECTOR 8605 Explorer Drive Colorado Springs, CO 80920	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Isaac Fong DIRECTOR 6529 Chesterfield Ave. McLean, VA 22101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Terry Grave DIRECTOR 179 Belle Forest Circle Suite 20414 Nashville, TN 37221	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Brenda Matlock DIRECTOR P.O. Box 443 Bartlesville, OK 74005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Amicitia Maloon-Gibson DIRECTOR P.O. Box 411482 Melbourne , FL 32941-1482	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	David Warner DIRECTOR 3784 S Inca Street Englewood, CA 80110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MATAMBIRA MAKANDA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MATAMBIRA MAKANDA, Treasurer/CFO PRINTED NAME AND CORPORATE TITLE	4/4/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			